

Georgia Board of Dispensing Opticians

AFFIDAVIT OF OBTAINING REQUIRED CONTINUING EDUCATION HOURS FOR LICENSURE RENEWAL

You may renew on-line, or, by mail-in renewal coupon (call 478-207-2440 for a form to be mailed to you).

PLEASE HAVE YOUR SIGNATURE NOTARIZED BELOW VERIFYING YOUR HAVING OBTAINED THE REQUIRED TEN (10) HOURS OF CONTINUING EDUCATION, DURING THE TWO YEARS PRIOR TO THE EXPIRATION DATE, AND SUBMIT TO THE FOLLOWING ADDRESS, E-MAIL or FAX:

GEORGIA BOARD OF DISPENSING OPTICIANS
237 COLISEUM DRIVE
MACON, GA 31217-3858

FAX THE CERTIFICATE TO: 866-888-7127
ATTENTION: DISPENSING OPTICIAN

E-Mail: ExamBoards-Healthcare@sos.state.ga.us

NOTE: THOSE SELECTED FOR A RANDOM CONTINUING EDUCATION AUDIT MUST SUBMIT THEIR CERTIFICATES OF ATTENDANCE TO THE BOARD BEFORE THE RENEWAL CAN BE COMPLETED.

CONTINUING EDUCATION: See Board Rule 420-9-.01 and 420-9-.02 regarding CE requirements on the Board website at www.sos.state.ga.us/plb/opticians. To renew your license, you must provide certification that you have completed the required ten (10) hours of CE as stated in Board Rule 420-9-.01 or the applicable CE hours for new licensees as found in 420-9-.02. This form provides this certification, if properly completed and submitted to the Board's administrative staff.

RENEWAL PERIOD (Expiration Date): March 31, 2015

Dispensing Optician License #LDO _____ E-Mail Address: _____

Full Name (PRINTED): _____

PHYSICAL Address: _____ Phone: _____

MAILING ADDRESS (if different than physical address): _____

By my signature below, I am certifying that I have obtained the required ten (10) CE Hours for the renewal of my license to practice as a Dispensing Optician in the state of Georgia. In addition, I certify these hours were obtained during the two years following the March 31, 2013 renewal date and the current expiration date of March 31, 2015.

Signed: _____ Date: _____

Sworn to and subscribed before me this

NOTE to NOTARY: Application must be signed with Proper ID.

_____ Day of _____ 20_____

(Notary Public Signature)

(Notary Seal)

My Commission Expires: _____

ALSO NOTE: Requirement for ALL Licensees – AFFIDAVIT OF CITIZENSHIP

An Affidavit of Citizenship **MUST** also be provided. This Affidavit of Citizenship may be uploaded electronically as part of the renewal process; emailed to svd@sos.ga.gov; faxed to 866-888-7127 or mailed to 237 Coliseum Drive, Macon, Georgia, 31217.

Please be sure to include your license number with all submissions and allow up to ten business days for the information to be processed. This form can also be found on the site www.sos.ga.gov/plb/opticians

THIS IS NOT A RENEWAL APPLICATION - DO NOT SEND RENEWAL FEE WITH THIS FORM. FORM MUST BE SIGNED, NOTARIZED AND DATED BY LICENSEE OR WILL NOT BE ACCEPTED. YOU ARE NOT TO PRACTICE AS A DISPENSING OPTICIAN AFTER MARCH 31, 2015 WITHOUT AN ACTIVE LICENSE.

09/22/14